

Renter Assistance Claim (for income received in 2002) 9000R

STEP A

Name,
address,
and
social
security
number

SSN

Your first name	Initial	Last name
Spouse's first name	Initial	Last name
Present home address — number and street, PO Box or rural route		Apt. no. PMB no.
City, town, or post office		State ZIP Code
Your social security number		Spouse's social security number
<input type="text"/>		<input type="text"/>

IMPORTANT:

Your social security number is required.

STEP B

Filing
Status

- Are you a United States citizen? Check "Yes" or "No" .. • 1. ☐ YES ☐ NO
If you checked "Yes," skip line 2 and go to line 3.
If you checked "No," go to line 2.
- Benefit Eligibility for Noncitizens** • 2a. Alien Status Code
If you are not a citizen of the United States, go to page 15. If you have a qualifying alien status for the United States, enter your alien status code from the chart on page 15 on line 2a. Then enter your alien registration number on line 2b and your date of entry into the United States on line 2c.
• 2b. Alien Registration Number
• 2c. Date of Entry
- Check the appropriate box if you were **one** of the following on December 31, 2002:
A. 62 years or older (see Note on page 7, line 3a) ☐ • A ☐
B. Under 62 and blind ☐ • B ☐
C. Under 62 and disabled (not blind) ☐ • C ☐
- Enter your date of birth (example: 0 5 / 2 1 / 1 9 3 8) • 4. Date of Birth
You must enter your date of birth MM DD Y Y Y Y
See instructions on page 7 and page 8 to see if you must attach a proof document to your claim. If you cannot check one of the boxes, STOP HERE. You do not qualify to file for a Renter Assistance claim.

STEP C

Rental
Information

Complete
line 5
through
line 7.

- Enter the total number of months during 2002 that you lived in a qualified rented residence in California.
See instructions • 5. months
- If the address where you lived during 2002 is different than the address you entered in Step A, or if the address in Step A is a post office box, enter your 2002 residence address. (If more than one rented residence attach a list.)
Street Address City
•
State and ZIP Code
• RENTED FROM TO
- Enter the name, address, and telephone number of your landlord or the person to whom you paid rent during 2002.
NAME
ADDRESS APT. OR UNIT NO.
CITY STATE and ZIP CODE
TELEPHONE

STEP DYearly Income
of household
membersOn line 8 through line 13 enter your total household income for the 2002 calendar year.
See instructions on page 10 and page 11. (Dollars) (Cents)

8. Social Security and/or Railroad Retirement 8. _____

9. Interest, Dividends, and/or Gain (or Loss) 9. _____

10. Pensions, Annuities and IRA distributions 10. _____

11. SSI/SSP, AB, and ATD (Gold Check). See page 10 11. _____
(full year total)

12. Rental and Business Income (or Loss) 12. _____
See page 10. Do not enter your monthly rent payments.

13. Other Income (including wages). See page 11 13. _____

14. SUBTOTAL. Add line 8 through line 13 14. _____

STEP EAdjustments
to income

15. Adjustments to Income. See page 11 and page 12 15. _____

STEP FTotal household
income

16. TOTAL HOUSEHOLD INCOME IN 2002.
Subtract line 15 from line 14 • 16. _____
If line 16 is more than \$37,676, stop. You do not qualify.

STEP GRenter
assistance
claimedYou do not have to complete line 17. If you stop here, we will figure the amount of
assistance for you.

17. Renter assistance claimed. (Cannot exceed \$347.50)
See page 13 ■ 17. _____

Reminder

If this is your first year filing a Renter Assistance claim and you did not receive SSI,
please provide proof of your age, disability, or blindness.

If you filed a claim last year and are under 62 years old, you will need to provide proof
of your temporary disability if you did not receive SSI. (This is an annual requirement.)

STEP HSignature,
date, and
telephone
number

Caution: To avoid delay of your check, be sure to provide all requested information, sign below,
and mail to: **FRANCHISE TAX BOARD, PO BOX 942886, SACRAMENTO CA 94286-0904.**

I authorize the Franchise Tax Board to match my name and the information provided herein, as well as information necessary
to process my claim, against information gathered from public records, the files of the Department of Health Services, and
other state or federal agencies to confirm my eligibility for the Renter Assistance Program.

Under penalties of perjury, I declare that this claim and all statements regarding my eligibility and citizenship or alien status,
including accompanying schedules and any additional information I may provide to the Franchise Tax Board are to the best of
my knowledge, true, correct, and complete.

Sign Here

X _____ Date _____
Claimant's signature

Claimant's Daytime Telephone Number • _____

PREPARER'S SIGNATURE ►	Date	Check if self-employed <input type="checkbox"/>	Preparer's social security number/PTIN
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FIRM'S NAME (OR YOURS, IF SELF-EMPLOYED) AND ADDRESS ►	FEIN/PTIN
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TELEPHONE ()

Do not write in this space

Do not write in this space

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Paid
Preparer's
Use Only

Worksheet to Figure the Amount of Renter Assistance, form FTB 9000R

You may, however, figure this amount as follows:

If you were a qualified renter for **all of 2002**, your allowable assistance will be based on the total household income (form FTB 9000R, line 16) as shown in the Renter Assistance Schedule below.

If you were a qualified renter for **less than 12 months** during 2002 complete line 1 through line 4 to figure your assistance.

1. Enter the amount of assistance from the Renter Assistance Schedule below for your total household income shown on form FTB 9000R, line 16 1. \$ _____
2. Enter the total number of months during 2002 that you lived in a qualified rented residence in California shown on form FTB 9000R, line 5 2. x _____
3. Multiply the amount on line 1 by the number on line 2 3. \$ _____
4. Divide the answer on line 3 by 12 (months). This is your allowable assistance. Enter this amount on form FTB 9000R, line 17 4. \$ _____

Example for renter less than one year: Total household income is \$13,187 and the residence was rented for 9 months.

1. Amount of assistance from the Renter Assistance Schedule below 1. \$ 297.50
2. Number of months shown on form FTB 9000R, line 5 2. x 9
3. Multiply line 1 by line 2 3. \$ 2,677.50
4. Divide line 3 by 12 (months). This is your allowable assistance 4. \$ 223.00

Renter Assistance Schedule

If your total household income is		Your renter assistance is	If your total household income is		Your renter assistance is
From	To		From	To	
\$0	\$9,418	\$347.50	20,724	21,351	147.50
9,419	10,046	340.00	21,352	21,979	135.00
10,047	10,674	332.50	21,980	22,606	122.50
10,675	11,302	327.50	22,607	23,233	112.50
11,303	11,931	320.00	23,234	23,863	102.50
11,932	12,559	312.50	23,864	24,490	90.00
12,560	13,186	305.00	24,491	25,117	80.00
13,187	13,814	297.50	25,118	25,745	72.50
13,815	14,442	290.00	25,746	26,373	65.00
14,443	15,071	282.50	26,374	27,001	57.50
15,072	15,698	275.00	27,002	27,629	50.00
15,699	16,326	265.00	27,630	28,257	42.50
16,327	16,955	250.00	28,258	29,828	37.50
16,956	17,583	235.00	29,829	31,397	30.00
17,584	18,210	220.00	31,398	32,968	25.00
18,211	18,838	207.50	32,969	34,537	22.50
18,839	19,466	192.50	34,538	36,107	17.50
19,467	20,093	177.50	36,108	37,676	15.00
20,094	20,723	162.50	\$37,677	And Over	0.00